

PHARMACY RIDER BENEFIT SUMMARY

| COVERED BENEFITS | TRADITIONAL ACCESS (FFS) | | PREMIER ACCESS (PPO) | | PREFERRED ACCESS (PPO) | |
|----------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| | Participating Pharmacy | Non- participating Pharmacy | Participating Pharmacy | Non- participating Pharmacy | Participating Pharmacy | Non- participating Pharmacy |
| Prescription Drugs Rider** | \$15 Co- payment Under \$15- pay actual amount No deductible | 20% Coinsurance Amount* | \$15 Co- payment Under \$15-pay actual amount No deductible | 40% Coinsurance Amount* | \$15 Co- payment Under \$15-pay actual amount No deductible | 40% Coinsurance Amount* |

*Deductible Applies

**Limited to 30 day supply unless utilizing mail service pharmacy benefit